

# CCHC Call for Evidence

Response ID	Start date	Completion date
[REDACTED]	[REDACTED]	[REDACTED]

1	Title	[REDACTED]
1.a	If you selected Other, please specify:	
2	First Name(s)	[REDACTED]
3	Surname(s)	[REDACTED]
4	Contact email address	[REDACTED]
4.a	Additional email address (please complete this if you are submitting evidence on behalf of someone else)	[REDACTED]
5	Location	United Kingdom (GB)
5.a	If you selected Other, please specify:	
5.b	City	London
6	Institution/Company/Organisation	Brent Council
7	Summary of evidence	Answers to 7 questions (2A,2.5, 2.6, 2.12, 3.1, 3.7 and 4.1) which relate to health and environmental impact in the London Borough of Brent.
8	Please select which exposure(s) your evidence relates to. Further explanation on these exposures can be found on a PDF file here. Please select all that apply.	<ul style="list-style-type: none"> <li>• Planning (e.g. density, green spaces, housing, transport, urban design etc.)</li> <li>• Deprivation (e.g. income, poverty, diversity etc.)</li> </ul>
9	Please select which outcome(s) the submitted research relates to. Please select all that apply.	<ul style="list-style-type: none"> <li>• Quality of Life</li> <li>• Lived experiences: (e.g. social health, social wellbeing, social behaviour etc.)</li> </ul>

10 Method of evidence submission: If you need to provide further evidence, please submit this either digitally via email or hard copy via post.

Digital (via email to [gchu@kellogg.ox.ac.uk](mailto:gchu@kellogg.ox.ac.uk))

11 How did you hear about the Commission on Creating Healthy Cities and the associated call for evidence?

Shared by Alice Lester Operational Director Regeneration, Growth and Employment, at Brent Council

## **2.A - Is there evidence that changes to urban design and housing quality – including energy efficiency, security, affordability – for both new development and neighbourhood regeneration, will lead to healthier cities?**

- If homes are not energy efficient and are not affordable households are at higher risk of fuel poverty. In 2018, 36 per cent of all fuel poor households lived in private rented accommodation. The private rental sector also had the greatest fuel poverty gap of £385, a household's fuel poverty gap is the reduction in fuel bills it needs to move out of fuel poverty<sup>1</sup>. In Brent in 2019, 17.3% of households experienced fuel poverty, higher than London at 15.2% and England at 13.4%<sup>2</sup>. In the 2 years to March 2019, an average of 9.3% of White households were in fuel poverty, compared with 17.7% of households in the other ethnic group (made up of all other ethnic groups combined)<sup>3</sup>.
- The health impacts of fuel poverty for children include weight gain, high hospital admission rates, lower developmental status, and the severity and frequency of asthmatic symptoms. For older people it is associated with higher mortality rates and has a negative impact on physical health. For all age groups fuel poverty negatively impact mental health. Therefore the improvement of energy efficiency and affordability will likely lead to improvement of health<sup>4</sup>.

## **2.5 - Does the evidence from the pandemic show links between susceptibility to the Covid virus and health inequalities such as: overcrowding; multigenerational households; cold and damp conditions; lack of space to work or study at home; lack of garden/balcony/green space?**

There are a number of sources which show that the impact of COVID-19 have been unequal across the population, a reflection of existing inequalities across society. This is linked to both the health impact of catching the virus and the impact of the social changes, such as working from home. The evidence below relates to the inequality by ethnic group and the experience of home working.

### The Local Government information Unit Briefing: An unequal experience: the impact of Covid-19 on ethnic minority people

- Ethnicity linked to pre-existing conditions increases the risk of disease severity. Compared with White British individuals over 60 years of age, people from Bangladeshi backgrounds are over 60 per cent more likely to have a long-term health condition that makes them vulnerable to Covid-19. People from a South Asian background (including Indian, Pakistani, Bangladeshi or Sri Lankan) are more likely to develop coronary heart disease than White Europeans. People from an African or African Caribbean background are at a higher risk of developing high blood pressure. All of the above groups more commonly have Type 2 diabetes than

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<sup>1</sup> FUEL POVERTY ACTION PLAN FOR LONDON JUNE 2018

<sup>2</sup> *Fuel Poverty by Administrative Area, 2019*

<sup>3</sup> [Department for Business, Energy & Industrial Strategy 2019](#)

<sup>4</sup> [The Health Impacts of Cold Homes and Fuel Poverty](#)

other ethnic groups.

- Pre-existing health conditions across ethnic minority groups are closely linked to social and health inequalities. Social determinants of health influence how individuals are born, grow, live, work and age in specific environments. The unequal distribution of resources, money and power at various levels influence these determinants and promote health inequities among various groups.
- A contributing factor is Asian communities the UK tend to reside in multigenerational households which is defined as having fewer bedrooms than needed to avoid undesirable sharing. Data from the 2011 census in the UK showed that Asian households made up 21.2 per cent of households with multi-generational families and dependent children. This data is likely to reflect South Asian cultures with tightly knit family systems in which up to three generations commonly reside under one roof.

### [Disparity Begins at Home: How home working is impacting the public's health 2021](#)

- One of the biggest contributors to health disparities is the amount of space someone has to work in. People who work from their bedroom or sofa are more likely to report experiencing musculoskeletal issues, feeling disconnected from their colleagues, and having disrupted sleep than people who work from a desk, table or home office. Half (48%) of those working from a bedroom or sofa said they had developed musculoskeletal problems since working from home
- There appears to be a generational divide in people's experiences of working from home. People aged 35+ were a lot more likely to think that working from home was better for their health and wellbeing compared to 18-34 year-olds (48% v 34%).
- A Survey by the Royal Society for Public Health (RSPH) revealed that 45% felt that working from home was better for their overall health and wellbeing, whereas 29% thought it was worse (the remainder either did not know if working from home had an effect on their health and wellbeing or did not think working from home had any effect on their health and wellbeing).
- Women are more likely than men to experience health or health-related issues related to working from home, including: Feeling isolated (58% of women v 39% of men), Developing musculoskeletal problems (44% of women v 29% of men).
- Found that variations in the home setup played a role in the mental wellbeing of employees. For example, we found that: People who worked from their bedroom or a sofa were more likely to feel isolated than people who worked from a dedicated home office (59% v 45%). Two thirds (65%) of people who provided care for at least one child found they experienced increased stress from managing childcare and work. People who lived by themselves or with a partner were also more likely to have better concentration levels than people who lived in houseshares with at least one housemate (52% v 40%).

## **2.6 How best can Local Planning Authorities play a positive, proactive role in creating the healthy city?**

### [Healthy Streets Approach](#)

- Local Planning Authorities can play a positive role by integrating health into their planning policy. The London Plan includes a healthy streets standard which has been integrated into the Local Plan for the London Borough of Brent. The two main indicators of the standards are; “pedestrians from all walks of life” and “people choose to walk, cycle and use public transport”. This then translates to an increase in urban greening, a reduction in traffic and encouragement of active travel, all of which contribute to the creation of health local environments.
- These policies have supported a number of initiatives in Brent. Brent's draft COVID-19 Transport Recovery Plan identifies key strategic cycle routes to support more active travel. Following a successful bid for £125,000 from Transport for London, in September 2020 a new semi-segregated cycle lane was implemented on the Harrow Road, between Wembley Triangle and the A406 North Circular Road. Brent's Active Travel programme is piloting 10 Healthy Low Traffic Neighbourhoods and 33 new School Streets, which are testing measures to encourage modal shift away from polluting motor vehicles and supporting more people cycling and walking.

**2.12 Is there evidence that changing patterns of work and retail during the pandemic – with implications for new development and neighbourhood regeneration - will be sustained afterwards? How can emerging opportunities for regenerating high streets and reviving town centres be achieved post-Covid?**

Changing work and retail patterns have had a strong impact within Brent. The table below shows average changes in food and retail spend and day and night footfall for visitors and workers in the priority high streets across Brent<sup>5</sup>. Spending Data uses a baseline of the same time in the previous year the table below shows average change from March 2020- February 2021.

The footfall data uses a baseline of July 2019 data which is compared to September 2020 data. Red are the highest reductions and green are the increases and lowest reductions.

	Spending Eating	Spending Retail	Footfall Workers Day	Footfall Worker Night	Footfall Visitors Day	Footfall Visitors Night
Neasden	200%	50%	-20%	-20%	-60%	-70%
Wembley	-80%	-60%	-20%	-20%	-70%	-80%
Harlesden	-40%	50%	0	10	-30%	-20%
Church End	n/a	100%	-15%	-70%	-40%	-60%
Willesden High Road	-60%	15%	-5%	-40%	-60%	-60%
Kilburn High Road	-60%	-40%	20%	20%	-20%	-20%
Burnt Oak and Colindale	-60%	-40%	0%	0%	-30%	-30%
Ealing Road	0	-60%	-20%	20%	-50%	-50%

Throughout the pandemic Wembley performed the worst with high reductions in all measures. These patterns show that Wembley's spend followed closely following changes

<sup>5</sup> [Partnership Data – London Datastore](#)

in government policy e.g. when people were encouraged to go back to the office spending went up. Since March 2020 Wembley had the highest reductions in visitors and spending overall. This indicates that Wembley's spend is highly depended on visitors to the area. This has implications for the future as commuting patterns continue to be below pre-pandemic levels. Neasden has the second highest reduction in visitors, however, it had increases in spending, this indicates that Neasden is more reliant on local spend than Wembley and other town centres. Harlesden was the town centre least impacted with increased retail spend and in numbers of night time workers. More local high streets performed better with Neasden, Harlesden, Church End and Willesden High Road all increasing retail spend. The increase in local spend could support the regeneration of high streets by creating opportunities for local spend.

### **3.1 - Is there evidence available to help our understanding of how the digital divide – both physical and social – may be excluding:**

- **those without any or adequate broadband, preventing access to online shopping, studying, work and recreation;**
- **those unable to afford the necessary IT equipment and monthly costs;**
- **those lacking the knowledge/skills to use broadband/internet.**

#### [Digital Inclusion in Brent Citizen Online – August 2020](#)

- The Coronavirus pandemic has also demonstrated the vital importance of digital solutions. They enable us to; have food delivered, work from home, claim benefits, order prescriptions, pay bills and videocall loved ones. Yet 17,600 (6.8%) of adults in Brent are not online and 18% of adults don't have all of the 'Essential Digital Skills<sup>14</sup>' for life. With groups of people more vulnerable to the virus (older, disabled and with long term health conditions) also more likely to lack digital skills, this is a worrying problem.
- We know that being online and having good digital skills has a wide range of benefits. It helps people to connect and feel less isolated, save money, access better paid work, live healthier lives and help their children. People with the highest digital engagement, who earn less than £20,000 per year, save 42% on monthly utility bills compared to those with the least digital engagement. These aims are also all within the BC Borough Plan so supporting residents to improve their digital skills is a win-win situation.

### **3.7 Is there evidence of benefit to health and wellbeing from access for citizens to greenspace facilities, parks, allotments, etc?**

- [GLA Better Health, Better Environment 2013](#): Access to green space has a strong impact on individual's health. Accessible, safe green space is shown to reduce mental distress, depression and Attention Deficit-Hyperactivity Disorder (ADHD) symptoms in children.
- Green Cover also has an impact on health. Green Cover represents the total area covered by vegetation and water across London, it includes publicly accessible and publicly managed vegetated land (i.e. green space), but also non-accessible green spaces including farmland, private gardens as well as the area of the wider built

environment such as green roofs, street trees and rain gardens<sup>6</sup>. Increasing and improving the proportion of green cover, aside from green space has a secondary positive impact on health through other wider environment determinants of health such as urban heat-island effect, surface flood risk and air quality.

#### **4.1 - Is there evidence of the success of the social prescribing route to achieving health and wellbeing?**

- NHS England's Five Year Forward View (2014) has responded to the challenges caused by an ageing population and increase in the number of people with long-term conditions by calling for a 'new emphasis on prevention and the development of community based, non-medical responses' to a range of physical and mental health wellbeing needs<sup>7</sup>. At least one third of GP appointments are, in part, due to isolation and an estimated 1.2 million older people are chronically lonely highlighting the scale of this issue and the impact it has on the healthcare sector<sup>8</sup>. Arts and crafts activities have been shown to reduce loneliness and are an area which the borough could look at including within its health provision. Age UK's Integrated Care Programme has demonstrated 23% improvements in well-being for 100+ older people with complex conditions in Cornwall<sup>9</sup>.
- Arts and cultural organisations can play a role in mitigating the impact of some of the problems associated with ageing, such as deteriorating health and social isolation. Age UK found that participation in creative and cultural activities provided the largest individual contribution to wellbeing<sup>10</sup>. Dulwich Picture Gallery works with Southwark, Lambeth and Lewisham councils to support the elderly with arts workshops that are designed to combat social isolation by providing a positive environment which promotes wellbeing, resilience and connectedness. The programme has its own coordinator, a team of volunteer helpers and a rota of artists. Sessions are attended by up to 20 participants at a time and have included silk painting, lino printing, glass painting, sketching and clay work. Wide brushes are used by participants with deteriorating eyesight and large brushes for people who find it difficult to grip smaller tools due to arthritis in their hands. Programmes like these could be used to support a growing elderly population, provide employment opportunities for artists and also embed arts into the local community.
- In 2019, Brent Mencap, the leading learning disability charity in Brent, created the new role of Social Prescribing Link Workers (SPLW), which supports Mencap's successful care navigation service. The role involves the SPLW's working with front line general practices to support patients to achieve improved outcomes through engagement with community based services and groups through a personalised and structured plan<sup>11</sup>.

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<sup>6</sup> [How Green is London? GLA City Intelligence](#)

<sup>7</sup> APPG (2017) [Creative Health, the Arts for Health and Wellbeing](#)

<sup>8</sup> APPG (2017) [Creative Health, the Arts for Health and Wellbeing](#)

<sup>9</sup> [Age UK Local Government's Role in Responding to an Ageing Population](#)

<sup>10</sup> Age UK (2018) [Creative and Cultural Activities and Wellbeing in Later Life](#)

<sup>11</sup> <https://brentmencap.org.uk/>